

May 24, 2019

VIA CERTIFIED MAIL AND ECFS

Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, SW Washington, DC 20554

> **RE: Shenandoah Telephone Company** Shenandoah Personal Communications, LLC Shentel Communications, LLC Form 395 WC Docket 16-233

Dear Ms. Dortch:

Enclosed please find one signed copy of Form 395 for each of the following: Shenandoah Telephone Company, Shenandoah Personal Communications, LLC, and Shentel Communications, LLC. These companies are all subsidiaries of Shenandoah Telecommunications Company, and all employees are managed by another subsidiary: Shentel Management Company.

If you have any questions or need any additional information please feel free to contact me by phone at (540) 984-3273 or by e-mail at Cameron. Sealey@emp.shentel.com.

Sincerely,

Camum L. Sealy Cameron F. Sealey

Senior Legal Analyst

cc: Wireline Competition Bureau Industry Analysis and Technology Division 445 12th St. SW

Washington, DC 20554

Enclosures

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3050-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

| | | | | | | | | | | | • | | | | | |
|--|------------|-------------|---------------------------|--------------|--|------------------------------|-------|------------------------|---|---------------------------|---------------------|------------------------------|-------|------------------------------|--|------------------|
| Name and Mailing Address of Respondent | f Respo | ndent | | | | | | | | | | | | | | |
| Shenandoah Telephone Company **(See note, below) PO Box 459 Edinburg, VA 22824 |)ne C | ompany | /**(See] | note, belc |)w) | | | | | | | | | Check hat is a chan address. | Check here if this is a change of address. | |
| 2. Year Report Filed | | | 3. Reporting Period Co | Period (Endi | Reporting Period (Ending Date of Pay Period Covered by Report) | У | | 4. Number of Reporting | Number of Full-Time Employees during Selected Reporting Period (check one): | nployees durir (one): | ng Selected | | | | | |
| 2018 | | | 1/14/2018 | 2018 | | | | a. Fev b. 216 | Fewer than 16 (complete Sections I, IV, and V only) 16 or more (complete all sections) | omplete Secti | ons I, IV, and | V aniy) | | | | |
| SECTION II - Full-Time Employees. | /9es. | | | | | | | | | | | | | | | |
| | | | | | | | | Numl Report emplo | Number of Employees (Report employees in only one category) | yees one category) | | | | | | |
| i i | | | | | | | | _ | Race/Ethnicity | | | | | | | |
| Categories | | Hispanic or | lic or | : | | | | | Not-Hispanic or Latino | c or Latino | | | | | | Total |
| | | Latino | | | | Male | ile | | | | | Female | ale | | | Columns A - N |
| | | Male | Female | White | Black or African | Native Hawaiian or | Asian | American Indian or | Two or more | White | Black or African | Native Hawaiian or | Asian | | Two or more races | |
| | | | | | American | Other Pacific Islander | | Alaska Native | | | | Other Pacific Islander | | Alaska Native | | |
| | | > | В | С | D | m | F | G | н | _ | ۲. | 7 | ٢ | 3 | z | 0 |
| Executive/Senior Level Officials and Managers | 1.1 | | | 14 | | | | | | | 1 | | | | | 15 |
| First/Mid-Level Officials and 1 | 1.2 | 2 | | 87 | 2 | | | | | 31 | | | | | | 122 |
| Professionals | N | 2 | 1 | 98 | 3 | | 2 | - | 3 | 59 | | | | | | 169 |
| Technicians | з | | | 10 | 2 | | | | | | | | | | | 12 |
| Sales Workers | 4_ | 13 | 4 | 164 | 17 | | 1 | | 3 | 89 | 13 | | - | | 4 | 309 |
| Administrative Support Workers | Ch . | 2 | 4 | 59 | 8 | | 1 | | | 166 | 10 | | 2 | | 2 | 254 |
| Craft Workers | 6 | 2 | | 165 | 5 | | | 1 | | 2 | | | | | | 175 |
| Operatives | 7 | | | 1 | | | | | | | | | | | | 1 |
| Laborers and Helpers | В | | | 7 | | | | | | | | | | | | 7 |
| Service Workers | 9 | | | | | | | | | | | | | | | 0 |
| TOTAL | 10 | 21 | 9 | 605 | 37 | 0 | 4 | 2 | 6 | 347 | 24 | 0 | ω | 0 | 6 | 1,064 |
| PREVIOUS YEAR TOTAL | <u>.</u> . | 21 | 10 | 599 | 37 | 0 | 4 | 2 | 6 | 339 | 23 | 0 | ų | 0 | 6 | 1,050 |

| Title of Person Signing WILLFUL | O5/24/2019 Typed or Printed Name of Person Signing Ann Flowers | ify that to the best of my ki | This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. | SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311. | PREVIOUS YEAR TOTAL 11 0 0 7 2 | TOTAL 10 0 0 7 2 | Service Workers 9 | Laborers and Helpers 8 | Operatives 7 | Craft Workers 6 | Administrative Support 5 | Sales Workers 4 1 1 | Technicians 3 | Professionals 2 | FirstMid-Level Officials and 1.2 | Executive/Sentor Level 1.1 | A B C D | Male Female White Black or African American | Laino | ies H | Job | | SECTION III - Part-Time Employees. |
|---|--|-------------------------------|---|--|--------------------------------|------------------|-------------------|------------------------|--------------|-----------------|--------------------------|---------------------|---------------|---|----------------------------------|----------------------------|---------|---|------------------|------------------------|----------------|--|------------------------------------|
| WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1). | | report are true a | of the equal emuring the calew uring the calew plations of the pore which the m | 3.55, 90.168, 10 | 0 | 0 | | | | | | | | | | | m | Native Hawaiian or Other Pacific Islander | 7 | | | | |
| TEMENTS MAI ISE OR CONS | Signature | and correct. | oloyment provisions of any atter has been | 1.4, and 101.3 | 0 | 0 | | | | | | | | | | | ŦI | Asian | Male | | | | |
| DE ON THIS F TRUCTION P | ann | | sions of Feder ad by this repo y equal emplo heard, file nur | 11. | 0 | 0 | | | | | | | | | | | G | American Indian or Alaska Native | | | 77 | Number of Employees (Report employees in only one category) | |
| ORM ARE PUERMIT (47 U.) | Henry | | al, state, territ rt. yment opportu | | 0 | 0 | | | | | | | | | | | н | Two or more races | | Not-Hispanic or Latino | Race/Ethnicity | oer of Employ yees in only o | |
| S.C. 312 (A)(| 7 | | orial, or local mity statute h designation, a | | 10 | 6 | | | | | 6 | | | | | | - | White | | or Latino | | rees ne category) | |
| BY FINE AND 1) AND/OR F | | | statutes have ave been filed and current st | | 1 | 1 | | | | | 1 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | J | Black or African American | | | | | |
|)/OR IMPRISO | 1 | | been filed ag against this atus or dispos | | 0 | 0 | | | | | | | | | | | * | Native Hawalian or Other Pacific Islander | Female | | | | |
| ONMENT (18 (47 U.S.C. 50 | Telephone No. (540) 98 | | ainst this company. | | 0 | 0 | | | | | | | | | | | г | Asian | ale | | | | |
| U.S.C. 1001))3). | 540) 984-5320 | | | | 0 | 0 | | | | | | | | | | | 3 | American Indian or Alaska Native | | | | | |
| / FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION AND/OR FORFEITURE (47 U.S.C. 503). | | | | | | - | | | | | | | | | | | z | Two or more races | | | | | |
| VOCATION | | | | | 21 | 17 | 0 | 0 | 0 | 0 | 15 | 2 | 0 | 0 | 0 | 0 | 0 | | Columns A - N | Total | | | |

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

| 1. Name and Mailing Address of Respondent Shenandoah Personal Communications, LLC**(See note, below) PO Box 459 Edinburg, VA 22824 | Respondent | nications, l | LLC**(Se | e note, be | low) | | | | | | | | Check huis a chan address. | Check here if this is a change of address. | |
|--|------------|----------------------------------|--|--|---|-------|---|---|---|---------------------------------|---|-------|---|--|------------------|
| 2. Year Report Filed 2018 | | 3. Reportin Period C 1/14, | Reporting Period (Enc Period Covered by Re 1/14/2018 | Reporting Period (Ending Date of Pay Period Covered by Report) 1/14/2018 | * | | 4. Number of Reporting a. Fe b. 7 16 | Number of Full-Time Employees during Selected Reporting Period (check one): Ewer than 16 (complete Sections I, IV, and V only) If 6 or more (complete all sections) | nployees duri k one); complete Sect | ng Selected tons I, IV, and | l V only) | | | | |
| SECTION II - Full-Time Employees. | 85. | | | | | | | | | | | | | | |
| | | | | | | | Num (Report emple | Number of Employees (Report employees in only one category) | yees one category) | | | | | | |
| Job | | | | | | | | Race/Ethnicity | , | | | | | | |
| Categories | ı. | Hispanic or | | | | | | Not-Hispanic or Latino | ic or Latino | | | | | | Total |
| | | Latino | | | Male | ile | | | | | Female | ale | | | Columns A - N |
| | Male | Female | White | Black or African American | Native Hawalian or Other Pacific | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific | Asian | American Indian or Alaska Native | Two or more races | |
| | > | В | С | 0 | m | ŦI | G | Ι | - | J | * | ר | M | z | 0 |
| Executive/Senior Level Officials and Managers 1.1 | | | 14 | | | | | | | 1 | | | | | 15 |
| First/Mid-Level Officials and 1.2 | 2 2 | | 87 | 2 | | | | | 31 | | | | | | 122 |
| Professionals | 2 2 | | 98 | 3 | | 2 | _ | ω | 59 | | | | | | 169 |
| Technicians 3 | 3 | | 10 | 2 | | | | | | | | | | | 12 |
| Sales Workers | 4 13 | 4 | 164 | 17 | | 1 | | ų | 89 | 13 | | | | 4 | 309 |
| Administrative Support Workers | 5 2 | 4 | 59 | & | | - | | | 166 | 10 | | 2 | | 2 | 254 |
| Craft Workers | 6 2 | | 165 | 5 | | | | | 2 | | | | | | 175 |
| Operatives 7 | 7 | | 1 | | | | | | | | | | | | 1 |
| Laborers and Helpers | 8 | | 7 | | | | | | | | | | | | 7 |
| Service Workers 9 | 9 | | | | | | | | | | | | | | 0 |
| TOTAL 10 | 21 | 9 | 605 | 37 | 0 | 4 | 2 | 6 | 347 | 24 | 0 | ω | 0 | 6 | 1,064 |
| PREVIOUS YEAR TOTAL 11 | 1 21 | 10 | 599 | 37 | 0 | 4 | 2 | 6 | 339 | 23 | 0 | အ | 0 | 6 | 1,050 |

| SECTION III - Part-Time Employees. | yees. | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|--|--|----------------------------------|---------------------------------|---|------------------------|---|-------------------|------------------|
| | | | | | | | Nur (Report empl | Number of Employees (Report employees in only one category) | yeas one category) | | | | | | |
| Job | | | | | | | | Race/Ethnicity | , | | | | | | |
| Categories | _ | Hispanic or | | | | | | Not-Hispanic or Latino | ic or Latino | | | | | | Total |
| | | Latino | | | ۸ | Male | | | | | Female | iale | | | Columns A - N |
| | Male | Female | le White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | |
| | > | В | C | ū | П | 'n | o | ı | | ل | * | _ | × | z | 0 |
| Executive/Senior Level Officials and Managers | 11 | | | | | | | | | | | | | | 0 |
| and | 1.2 | | | | | | | | | | | | | | 0 |
| Professionals | N | | | | | | | | | | | | | | 0 |
| Technicians | ω | | | | | | | | | | | | | | 0 |
| Sales Workers | 4 | | 1 | _ | | | | | | | | | | | 2 |
| Administrative Support Workers | Ch. | | 6 | - | | | | | 6 | - | | | | - | 15 |
| Craft Workers | 6 | | | | | | | | | | | | | | 0 |
| Operatives | 7 | | | | | | | | | | | | | | 0 |
| Laborers and Helpers | 69 | | | | | | | | | | | | | | 0 |
| Service Workers | 9 | | | | | | | | | | | | | | 0 |
| TOTAL | 10 0 | 0 | 7 | 2 | 0 | 0 | 0 | 0 | 6 | 1 | 0 | 0 | 0 | in.mi | 17 |
| PREVIOUS YEAR TOTAL | 11 0 | 0 | 7 | 2 | 0 | 0 | 0 | 0 | 10 | 1 | 0 | 0 | 0 | - | 21 |
| SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311. | nination Co | mplaints Pu | rsuant to 47 C | FR 22.321, 2: | 3.55, 90.168, 1 | 01.4, and 101 | 311. | rat state tor | thorial or loca | l statuteta | heen filed as | vainst this | | | |
| company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. | y body havii Commissic ing parties i | ng competent on that the foll nvolved, date | jurisdiction in owing complain filed, courts or | such matters d nts alleging vic agencies befr | luring the calen plations of the porce which the m | dar year cove movisions of a natter has bee | red by this rep ny equal empl n heard, file ni | ort. oyment oppor ımber or othei | tunity statute r designation, | have been file and current s | d against this tatus or dispo | company. sition. | | | |
| SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct. | owledge, inf | ormation, and | beiief, all stat | ments in this | report are true | and correct. | | | | | | | | | |
| Date T | yped or Printed Name Ann Flowers | ted Name of I | Typed or Printed Name of Person Signing Ann Flowers | | | Signature | 2 |) Nax > | | 3 | | Telephone No. (540) 98 | S40) 984-5320 | | |
| Title of Person Signing Assistant Secretary Assoc. General Counsel | Assoc. | Genera | l Counse | 1 | WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). | TEMENTS M. | ADE ON THIS STRUCTION | FORM ARE F | >UNISHABLE J.S.C. 312 (A) | BY FINE AN (1) AND/OR I | D/OR IMPRIS | ONMENT (18 | 3 U.S.C. 1001 03). |) AND/OR RE | VOCATION |

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

| SECTION 1 - General Information | 9 | | | | | | | | | | | | | | | |
|---|---------------------------------------|-------------|---------------------------|--|---|------------------------------|-------|-----------------------|--|--------------------------|-------------------------|-----------------------|-------|---------------------------|--|------------------|
| Shenandoah Communications, LLC**(See note, below) PO Box 459 Edinburg, VA 22824 | inica | tions, L | LC**(Se | e note, be | low) | | | | | | | | | Check his a char address. | Check here if this is a change of address. | |
| 2. Year Report Filed | | | 3. Reporting Period Co | Reporting Period (Ending Deriod Covered by Report) | Reporting Period (Ending Date of Pay Period Covered by Report) | ٧ | | 4. Number o | 4. Number of Full-Time Employees during Reporting Period (check one): a Fewer than 16 (complete Section | nployees duri (one): | ng Selected | V only) | | | | |
| 2018 | | | 1/14/2018 | 2018 | | | | a. L Fey b. 116 | Fewer than 16 (complete Sections I, IV, and V only) 1 16 or more (complete all sections) | plete all section | ions I, IV, and ons) | V only) | | | | |
| SECTION II. Full line Employees. | | | | | | | | Num | Number of Employees | yees | | | | | | |
| job | Т | | | | | | | - | Race/Ethnicity | , | | | | | | |
| Categories | — Т | Hispanic or | nic or | | | | | | Not-Hispanic or Latino | ic or Latino | | | | | | Total |
| | | Latino | 70 | | | Male | ile | | | | | Female | ale | | | Cotumns A - N |
| | | Male | Female | White | Black or African | Native Hawaiian or | Asian | American Indian or | Two or more races | White | | Native Hawaiian or | Asian | 7.3 | Two or more races | |
| | · · · · · · · · · · · · · · · · · · · | | | | American | Other Pacific Islander | | Alaska Native | | | American | Pacific Islander | | Alaska Native | | |
| | | > | σ. | O | Ū | m | ŦI | G | I | _ | ر | 7 | ٦ | Z | z | 0 |
| Executive/Senior Level Officials and Managers | 1.1 | | | 14 | | | | | | | | | | | | 15 |
| First/Mid-Level Officials and 1 | 1.2 | 2 | | 87 | 2 | | | | | 31 | | | | | | 122 |
| Professionals | 23 | 2 | - | 98 | 3 | | 2 | 1 | ų | 59 | | | | | | 169 |
| Technicians | ω | | | 10 | 2 | | | | | | | | | | | 12 |
| Sales Workers | 4 | 13 | 4 | 164 | 17 | | 1 | | 3 | 89 | 13 | | - | | 4 | 309 |
| Administrative Support Workers | Ch Ch | 2 | 4 | 59 | 8 | | 1 | | | 166 | 10 | | 2 | | 2 | 254 |
| Craft Workers | 6 | 2 | | 165 | Ŋ | | | 1 | | 2 | | | | | | 175 |
| Operatives | 7 | | | 1 | | | | | | | | | | | | _ |
| Laborers and Helpers | 8 | | | 7 | | | | | | | | | | | | 7 |
| Service Workers | 9 | | | | | | | | | | | | | | | 0 |
| TOTAL | 10 | 21 | 9 | 605 | 37 | 0 | 4 | 2 | 6 | 347 | 24 | 0 | ω | 0 | 6 | 1,064 |
| PREVIOUS YEAR TOTAL | 11 | 21 | 10 | 599 | 37 | 0 | 4 | 2 | 6 | 339 | 23 | 0 | LJ3 | 0 | 6 | 1,050 |

| SECTION III - Part-Time Employees. | yees. | | | | | | | | | | | | | | | |
|--|---|---|--|--|---|--|---|---|---|--|---------------------------------|---|---------------|---|-------------------|------------------|
| | | | | | | | | Number of Employees (Report employees in only one category) | per of Employ yees in only o | yees one category) | | | | | | |
| Job | | | | | | | | . | Race/Ethnicity | | | | | | | |
| Categories | | Hispanic or | tic or | | | | | | Not-Hispanic or Latino | c or Latino | | | | | | Total |
| | | Latino | 76 | | | Male | ile | | | | | Female | iale | | | Columns A - N |
| | | Maie | Female | White | Black or African American | Native Hawailan or Other Pacific | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | |
| | | > | B | C | D | т | П | 9 | Ξ | - | ٦ | 7 | L | м | z | o |
| Executive/Senior Level Officials and Managers | : | | | | | | | | | | | | | | | 0 |
| and | 1.2 | | | | | | | | *************************************** | | | | | | | 0 |
| Professionals | 2 | | | | | | | | | | | | | | | 0 |
| Technicians | ω | | | | | | | | | | | | | | | 0 |
| Sales Workers | 4 | | | _ | _ | | | | | | | | | | | 2 |
| Administrative Support Workers | ъ | | | 6 | | | | | | 6 | | | | | _ | 15 |
| Craft Workers | 6 | | | | | | | | | | | | | | | 0 |
| Operatives | 7 | | | | | | | | | | | | | | | 0 |
| Laborers and Helpers | СВ | | | | | | | | | | | | | | | 0 |
| Service Workers | 9 | | | | | | | | | | | | | | | 0 |
| TOTAL | ő | 0 | 0 | 7 | 2 | 0 | 0 | 0 | 0 | 6 | 1 | 0 | 0 | 0 | | 17 |
| PREVIOUS YEAR TOTAL | 11 | 0 | 0 | 7 | 2 | 0 | 0 | 0 | 0 | 10 | _ | 0 | 0 | 0 | | 21 |
| SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311. | minatlo | n Compla | ints Pursual | nt to 47 CFR | 22.321, 23.5 | 5, 90.168, 101 | .4, and 101. | 311. | al state terri | horial or loca | statutes have | heen filed ac | painst this | | | |
| This is to advise the Commission that no complaints regarding violations of the equal employment provisions of receival, state, territorial, or local statutes have deal like degalist line countries company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. | e Comm y body h e Comm ting part | Ission that having con ission that les involve | t no complair mpetent juriso t the following ed, date filed | its regarding liction in such a complaints a courts or age | violations of the matters during matters during matters during library sides alleging violations before | ine equal empling the calendations of the protections of the ma | oyment prover ar year cover svisions of ar tter has beer | isions or redei ed by this repo ly equal emplo ly heard, file nu | al, state, terri ort. yment opport mber or other | torial, or loca unity statute I designation, | nave been file and current s | d against this tatus or dispo | company. | | | |
| SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct. | owledge | , informat | ion, and belie | if, all stateme | nts in this re | ort are true ar | nd correct. | | | | | | | | | |
| Date | yped or | Printed N | Typed or Printed Name of Person Signing | n Signing | | | Signature | S |) - | | | | Telephone No. | 9 | | |
| | Ann | Ann Flowers | SIS | | | | | Chan | Tumers | ers | | | (540) 9 | 540) 984-5320 | | 50 |
| Title of Person Signing Assistant Secretary Assoc. General Counsel | Asso | ્તુ ભ | neral C | | OF ANY STA | WILLFULLY FALSE'S A LEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 0.5.C. 1991) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). | SE OR CON | STRUCTION P | ERMIT (47 U | .S.C. 312 (A) | (1) AND/OR F | ÖRFEITURE | (47 U.S.C. 5 | 03). |) AND/OX RE | S C C X |